Witness Disclosure Form

Your Name, Business Address, and Telephone Number:

Stacy A. Bohlen

National Indian Health Board

Clause 2(g)(5) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization <u>other</u> than a federal agency, or a state, local or tribal government.

1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

National Indian Health Board

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since January 1, 2017 related to the agencies or programs funded by the Subcommittee?

X-Yes No

3. Have you or any organization you are representing received any contracts or payments originating with a foreign government since January 1, 2017 related to the agencies or programs funded by the Subcommittee?

Yes X - No

4. If your response to question #2 and/or #3 is "Yes", please list the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof), and/or the amount and country of origin of any payment or contract originating with a foreign government. Please also indicate whether the recipient was you or the organization(s) you are representing.

See next page.

Signature:

Date: 6/8/2020

Witness Disclosure Form

Statement of Indian Health Service Grants 2016 - 2017		
Indian Health Service Grant	Award Date	Grant Amount
National Indian Health Outreach and Education I		
MMPC	9/30/2016	\$200,000.00
IHS Budget Formulation	9/30/2016	\$75,000.00
TLDC	9/30/2016	\$250,000.00
IHS Tribal Shares	9/30/2016	\$256,262.00
National Indian Health Outreach and Education II		
HIV/AIDS	9/30/2016	\$100,000.00
Behavioral Health	9/30/2016	\$300,000.00
National Indian Health Outreach and Education III		
ACA Outreach and Education	9/30/2016	\$125,000.00
	TOTAL	\$1,306,262.00
Statement of Indian Health Service Grants		
2017 - 2018	Award Date	
Indian Health Service Grant National Indian Health Outreach and Education I	Award Date	Grant Amount
MMPC	9/18/2017	\$150,000.00
IHS Budget Formulation	9/18/2017	\$75,000.00
TLDC	9/18/2017	\$250,000.00
IHS Tribal Shares	9/18/2017	\$254,375.00
National Indian Health Outreach and Education II	-,,	<i>+</i> , <i></i>
HIV/AIDS	9/14/2017	\$100,000.00
Behavioral Health	9/14/2017	\$300,000.00
National Indian Health Outreach and Education III		
ACA Outreach and Education	9/14/2018	\$125,000.00
	TOTAL	\$1,254,375.00
Statement of Indian Health Service Grants		
2018 - 2019		
Indian Health Service Grant	Award Date	Grant Amount
National Indian Health Outreach and Education I	0/45/2040	¢125 000 00
MMPC	9/15/2018	\$125,000.00
IHS Budget Formulation	9/15/2018	\$75,000.00
TLDC	9/15/2018	\$250,000.00
IHS Tribal Shares	9/15/2018	\$255,628.00
National Indian Health Outreach and Education II	0/15/2010	¢20,000,00
HIV/AIDS	9/15/2018	\$20,000.00
Behavioral Health	9/15/2018	\$300,000.00
National Indian Health Outreach and Education III ACA Outreach and Education	9/15/2018	\$375,000.00
	9/15/2018 TOTAL	\$125,000.00
	IUIAL	\$1,525,628.00

Witness Disclosure Form

Statement of Indian Health Service Grants		
2019 - 2020		
Indian Health Service Grant	Award Date	Grant Amount
National Indian Health Outreach and Education I		
MMPC	10/3/2019	\$125,000.00
IHS Budget Formulation	10/3/2019	\$75,000.00
TLDC	10/3/2019	\$208,333.00
IHS Tribal Shares	10/3/2019	\$251,263.00
National Indian Health Outreach and Education II		
HIV/AIDS	9/15/2019	\$200,000.00
Behavioral Health	9/15/2019	\$300,000.00
National Indian Health Outreach and Education III	9/15/2019	\$375,000.00
ACA Outreach and Education	9/15/2019	\$105,000.00
	TOTAL	\$1,639,596.00